DOCUMENT RESUME

ED 258 087 CG 018 289

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TITLE Importance of Interpersonal Variables in Potential Clients' Evaluation of Therapists.
PUB DATE Apr 85
NOTE 17p.; Paper presented at the Annual Convention of the Southwestern Psychological Association (31st, Austin, TX, April 18-20, 1985).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS College Students; Counselor Attitudes; *Counselor Characteristics; *Counselor Evaluation; Counselor Qualifications; Higher Education; *Psychotherapy; Sex Differences; *Therapists
IDENTIFIERS Private Practice

ABSTRACT

While some new journals for psychotherapists are beginning to address practical decisions important for attracting clients and succeeding in the business of psychotherapy, the literature which might provide empirical evidence upon which to base such decisions still lags. A study was undertaken to provide practitioners with further information and guidelines for decisions related to embarking upon or changing the nature of a lagging private practice. Undergraduate males (N=203) and females (N=380) were asked to assume that they had seen a therapist once or twice and were deciding whether to continue with that therapist. Subjects rated 40 items for how important each item was in making that decision. Items concerned the therapist's appearance, interpersonal style, and theoretical and social origins; general tangible personal weaknesses; inconvenience; and demands upon clients. The results indicated that males and females agreed strongly that a perceived deficiency in the therapist's interpersonal awareness or skill was primary in discouraging a potential client. Males tended to be more concerned with practical needs and social status external to the therapeutic relationship, while females were more concerned with cooperating or submitting to a situation which would lie within the treatment context. (NRB)

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Importance of Interpersonal Variables in Potential Clients' Evaluation of Therapists

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Presented at the annual meeting of the Southwestern Psychological Association, Austin, Texas, 1985.

Importance of Interpersonal Variables in Potential Clients' Evaluation of Therapists

Most beginning practitioners emerging from formal training and entering practice have been educated along academic issues, for example, major (and occasionally minor) theoretical differences, efficacy of various therapeutic approaches and their research analogs. When therapists take the first step to set up their independent, private practices, they must make myriad choices about "where's and how to's" which past formal training typically had devoted scant time and/or attention. The neophyte service-provider, left to his or her own devices, often makes these nuts and bolts decisions based on the examples of others already in practice, clinical lore, and personal intuitions. While new journals (e.g., Journal of Professional Services Marketing, Psychotherapy Marketing and Practice Development Reports, Health Marketing Quarterly) and other authors (e.g., Browning, 1979) are starting to address such practical decisions important for attracting clients and succeeding in the business of psychotherapy, the literature which might provide empirical evidence upon which to base such decisions still lags.

In an analog study, Schmidt and Strong (1970) tried to identify ingredients which might lead to the perception of therapist expertise. Presumably, therapists with greater expertise would be in a more advantageous position to influence client change and would be consulted by more clients. Schmidt and Strong suggested that perceived therapist expertness was

based on different factors or factor weightings than are emphasized in formal training.

Netzky, Davidson, and Crunkleton (1982) asked both counseling professionals and those clients with the experience of at least three sessions of therapy to rate the importance of 53 issues of presumed importance to consumers of counselor services. Professionals and clients agreed that two issues related to the mechanics of service delivery were "very-important": fee matters and keeping appointments. Other factors receiving similar ratings dealt with relationship issues: the professional's respect for the client, paying attention, giving encouragement, not rushing the client, creating a comfortable atmosphere, speaking in language the client understands, and admitting mistakes. Whether the counselor is sexually seductive and whether the professional avoids situations involving conflict of interest were also judged "very important" considerations for clients. Both professionals and clients deemed "unimportant" to clients such factors as the therapist's education, professional issues, and client-therapist similarities with regard to religion, sex, way of life, and socioeconomic status.

Netzky et al. (1982) also found that some matters therapists thought would be important to clients actually were not-namely, the therapist's previous success with problems such as that client presents and the usual number of sessions for such problems did not appear to matter. In parallel fashion, therapists did not consider some factors of major importance to clients which those issues indeed were. These factors centered

around being treated as an equal, being confronted effectively, and concern over the therapist terminating a nonbeneficial relationship. Seemingly a range of intervention techniques and therapeutic practices could be subsumed under the categories identified by Netzky et al.

In surveying experienced psychotherapists (psychiatrists, psychologists, and social workers) who had themselves been patients in psychotherapy, Grunebaum (1985) tried to discover what experienced therapists looked for when they chose a therapist for themselves. Experienced therapists relied on four major criteria: (a) someone who they were not associated with professionally or personally, (b) a therapist with a reputation for competence, (c) someone who seemed warm, caring, and respectful, and (d) a therapist who talked (as opposed to a rigid analytic portrait of a psychoanalyst who uses a neutral, blank-screen approach).

The purpose of the present study was to provide practitioners with further information and guidelines for decisions related to embarking upon or changing the nature of a lagging private practice. Our emphasis will be upon the gender of the prospective patient or client and focus upon differences in needs and the strength of those needs.

Method

Subjects

Undergraduate males (n = 203) and females (n = 380) volunteers at a southwestern university, two midwestern

universities, and a northeastern university comprised the sample.

Instrument and Procedure

Two psychologists, each with more than five years of experience in part-time independent practice, composed a pool of items. The final 40 items were selected on the basis that they addressed various aspects of therapeutic practice which seemed to have potential for being interpersonally displeasing, distancing, or irritating to prospective clients in an initial interview. These included therapist's appearance, interpersonal style, theoretical origins, social origins, inconvenience, demands upon his patients, and general tangible personal weaknesses. It was hoped that not all items would be seen as turn-offs.

Subjects were asked to assume that they had seen a psychologist or psychiatrist one or two times and were at the point of having to decide whether to make a commitment to continue with the therapist or go elsewhere for help. Subjects were directed to read the items twice. On the first reading each subject was asked to assign a "+" to items that would tend to make that subject want to continue with the therapist and assign a "-" to items that would tend to make him or her want to go elsewhere. On the second reading, subjects each assigned a number on a 10-point Likert scale (where 1 = not at all important and 10 = very important) to each item to describe how important that specific piece of information would be in determining whether or not to return to that therapist for further counseling or therapy sessions.

Results and Discussion

Of the 40 items offered, 4 to 6 received mean ratings which suggested that they were seen not as turn-offs but as inducements to continue in treatment. Comparison analyis between female and male subjects made it rapidly apparent that gender was a pertinent variable in this study and that the results should be examined in separate gender groups to provide maximum application.

Rankings of Turn-offs

First, the items seen as turn-offs were ranked from worst to least annoying or troubling. (See Table 1) It can be seen that

Insert Table 1 about here

males and females agree strongly, that is within 2 ranked orders of one another, that a perceived deficiency in the therapist's interpersonal awareness or skill is a primary inducement in discouraging a potential patient. These include inexperience, disregard of affect, unawareness of the need for privacy, and insufficient responsiveness to questions. In the top ten of ranked disapproval only inconvenience of place or time for appointment did not reflect upon interpersonal sensitivity and/or ability to respond to immediate dyadic input.

Thereafter, the males tended to be more concerned with practical needs and social status external to the therapeutic relationship. As examples, they ranked more highly as turn-offs such items as expense, problems with insurance coverage, and whether the matching of patient and therapist would be seen by

others in a detrimental context. Female prospective patients were much more concerned with matters of being called upon to cooperate or submit to a situation which would lie within the treatment context such as straining to hear the therapist or answer intimate questions.

Bearing in mind Grunebaum's (1985) survey of psychotherapist's own criteria for selecting a therapist and Netzky et al.'s (1982) survey of counseling professionals' and clients' assessments of pertinent issues in selection of a counseling professional, our results seem congruent with an emerging picture. Professionals (Grunebaum, 1985), experienced clients (Netzky et al, 1982), analog clients (Schmidt & Strong, 1970), and prospective clients (our study) place a premium on how well the professional respects the client. Our results as well as Netzky's (1982) suggest the clients are quite sensitive to how pressed for giving quality time (i.e., undivided attention) to the client the professional appears. As Grunebaum (1985) found with psychotherapists who enter therapy, our results suggest that prospective clients value highly a therapist who answers questions and talks to them (as opposed to presenting the image of a neutral, blank-screen). It should be noted that this emerging body of empirical information concerns patients' issues in selecting and deciding to commit to a relationship with a particular therapist. While it may intuitively seem that these same client concerns would remain active throughout the course of therapy, further study will be needed to answer this question with assurance.

Reaction Intensities

Next, the intensity of importance within the interval from +10 to -10 on which each item was rated was analyzed. For subjects in general, our items ranged between the score of -7.32 for our worst in rank to +4.64 for our least aversive characteristic, which described the therapist as "a woman." Upon examining intensity more closely it again became apparent that there was a difference in the reaction of male and female subjects concerning the importance of a number of items.

Insert Table 2 about here

Table 2 lists those 19 of the 40 items in which there was a significant difference attributable to subject gender. It is easily seen that there is only one such item over which the genders disagree as to preference vs. disapproval. Whereas males average to be as near neutral as possible about the question ($\underline{M}$ = -0.02), the female mean (+1.57) indicates that women may have a slight degree of general approval for working as a member of a group as opposed to individual treatment.

For each of the remaining 18 items in which the genders were found to be significantly different, the difference is not in direction of evaluation but instead in degree. In every case the difference is due to the female practice of feeling more strongly about the item -- or the male tendency to hold in their affect and feel or, at least admit to, a less strong reaction. It is beyond the scope of this paper to determine which of these interpretations is more likely to be the case.

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TABLE 1

Comparison of Potential Turn-off Ranks by a Male and Female University Sample

Turn-off	Rank[a]		Differences[c] > 2
	Females	Males	
He seems inexperienced or unsure of what he is supposed to do.	1	1	
He rushes through your discussion of your troubles and seems uninterested in going into the situation fully.	2	2	
He is tactless, seems not to care about your feelings.	3	4	
He does not seem very friendly toward you (for example, doesn't smile or shake your hand or shows no sympathy for your situation).	4	5	
He won't answer questions or give advice about your problems.	5	3	
His office looks like people might be able to pass by and either look in or hear what you say.	6	7	
He is inconvenient (that is, it takes you too long to get to his office or he cannot schedule an appoint-ment at a time convenient for you).	8	6	

He seems slow in understanding what you have to say (for example, asks questions about things you already said or comments at the wrong time).	7	9	
He seems to disapprove of you or something you have done.	9	10	
He shows signs of nervousness (for example, twitches, scratches, fidgets, or smokes a lot).	10	11	
He is expensive in the rates he charges.	15	8	M > F
He says he does not care why you act the way you do -- if your behavior is hurting you enough you should change it.	13	12	
He says you would not have problems if you learned to think more rationally.	11	15	F > M
He want to put you on a biofeedback machine instead of spending time talking to you.	12	16	F > M
He has an uncomfortable office (for example, he keeps it too dark or hot, or his chairs are lumpy).	14	17	F > M
He has a bad sense of humor (doesn't laugh at your jokes or finds things funny that you don't).	16	21	F > M
He is hard to hear (talks low or with an			

accent).	17	20	F > M
He will not bill your insurance company and leaves all the paperwork for you to do.	20	14	M > F
His office looks so shabby you wonder if he has many clients.	18	18	
He give the impression of being somewhat effeminate.	24	19	M > F
He does not keep his clothing in good condition (for example, he has a food stained shirt or his suit fits poorly).	19	21	
He makes you uncomfortable with either too many or very intimate questions.	21	24	F > M
He has mannerisms that are unattractive or annoying (for example, lisps, or irritating giggle).	22	22	
He looks as if he had been ill lately or in poor physical health.	23	24	
He wants to do things his way.	25	27	
He has not had the same life experiences as you and may not understand your problems.	26	23	M > F
He may know the same people you do (for example, he is a member of your church or club).	27	24	M > F

He says your problems are related to what you eat.	28	26	
His diploma and certificate are from institutions that do not impress you.	29	27	
He wants to tape record all your interviews.	30	30	
You don't care for his looks (he is too handsome or ugly, too short or bald, or looks like your uncle).	31	28	M > F
He has a physical handicap (wheelchair, blind, hard of hearing, deformity).	32	32	
You dislike his taste or style of clothing.	33	33	
His race, religion, or social background is very different from yours.	34	34	
He wants you to do exercises like talk to people who are not present or imagine situations that are not real.	b	35	
He wants you to join a group.	b	36	

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[a]Lower numbered ranks represent less acceptable descriptive statements (i.e., greater turn-offs).

[b]Not rated negatively by females.

[c]Discrepancy greater then 2 between gender rank orders.

TABLE 2

Significant Differences in Intensity of Reaction by a Male and Female University Sample

Item	Judged Intensity of Attraction vs. Turn-off[a]		$p <$[b]
	Female	Male	
He seems inexperienced or unsure of what he is supposed to do.	-8.53	-7.89	.05
He wants to put on a biofeedback machine instead of spending time talking to you.	-5.25	-4.24	.02
He does not keep his clothing in good condition (for example, he has a food stained shirt or his suit fits poorly).	-4.21	-3.30	.02
He looks as if he had been ill lately or in poor physical health.	-3.42	-2.58	.05
He wants to do things his way.	-3.39	-1.82	.005
He seems to disapprove of you or something you have done.	-5.91	-4.77	.02
He has an uncomfortable office (for example, he keeps it too dark or hot, or his chairs are lumpy).	-4.98	-4.15	.05
He wants you to join a group.	+1.57	-0.02	.002
He has plans to consult about your problems			

with a supervisor or colleague.	+0.20	+1.49	.05
He rushes through your discussion of your troubles and seems uninterested in going into the situation fully.	-8.52	-7.69	.005
He is hard to hear (talks low or with an accent).	-4.75	-3.76	.02
He makes you uncomfortable with either too many or very intimate questions.	-3.78	-2.54	.02
He wants you to keep a count of some of the things you do for the next few weeks.	+4.41	+2.67	.001
He shows signs of nervousness (for example, twitches, scratches, fidgets, or smokes a lot).	-5.54	-4.70	.05
He seems slow in understanding what you have to say (for example, asks questions about thing you already said or comments at the wrong time).	-6.34	-4.82	.001
He is tactless, seems not to care about your feelings.	-8.01	-7.15	.02
He says you would not have problems if you learned to think more rationally.	-5.34	-4.26	.05
He does not seem very friendly toward you (for example, doesn't smile or shake your hand or shows no sympathy for your situation).	-7.73	-6.71	.02

The therapist is a woman.	+5.14	+3.62	.001

[a]Mean score for item with possible range between +10 (positive reaction indicating attraction) to -10 (negative reaction indicating turn-off).

[b]From t-test with 579 df.